



State of Washington
Application for a Water Right

Please follow the attached instructions to avoid unnecessary delays.

RECEIVED

AUG 25 2006

For Ecology Use

Fee Paid 10.00/40.00

Date 7-31-2006/8-25

CK# 5463/5485

* need additional \$40.00
CF #5485 \$40.00 8-25-06

Section 1. APPLICANT - PERSON, ORGANIZATION, OR WATER SYSTEM

Name Richard R. Archer & Kim L. Archer Home Tel: 818-340-4560
Mailing Address 801 Bear Paw Drive Work Tel: 818-242-8721 x.100
City Newport State Washington Zip 99156 Cellular: 818-438-8120

Section 2. CONTACT - PERSON TO CALL ABOUT THE APPLICATION

☒ Same as above

Name _____ Home Tel: (____) ____ - ____
Mailing Address _____ Work Tel: (____) ____ - ____
City _____ State _____ Zip+4 _____ + _____ FAX: (____) ____ - ____
Relationship to applicant _____

Section 3. STATEMENT OF INTENT

The applicant requests a permit to use not more than 0.22 (☐ gallons per minute or ☒ cubic feet per second) from a ☒ surface water source or ☐ ground water source (check only one) for the purpose(s) of continuous domestic supply and the seasonal irrigation of 2.5 acres ATTACH A "LEGAL" DESCRIPTION OF THE PLACE OF USE. (See instructions.) NOTE: A tax parcel number or a plat number is not sufficient.

Estimate a maximum annual quantity to be used in acre-feet per year: 79

☐ Check if the water use is proposed for a short-term project. Indicate the period of time that the water will be needed:

From ____/____/____ to ____/____/____

Section 4. WATER SOURCE

If SURFACE WATER				If GROUNDWATER				
Name the water source and indicate if stream, spring, lake, etc. If unnamed, write "unnamed spring," "unnamed stream," etc.: <u>Pend Oreille River</u>				A permit is desired for _____ well(s).				
Number of diversions: <u>ONE</u>								
Source flows into (name of body of water): <u>Columbia River System</u>				Size & depth of well(s):				
LOCATION								
Enter the north-south and east-west distances in feet from the point of diversion or withdrawal to the nearest section corner:								
¼ of <u>27-26</u> <u>34-35</u>	¼ of <u>27-26</u> <u>34-35</u>	Section	Township	Range(E/W)	County	If location of source is platted, complete below:		
						Lot	Block	Subdivision
<u>1280' EAST</u>	<u>680' SOUTH</u>	<u>35</u>	<u>32</u>	<u>44 E.</u>	<u>Pend Oreille</u>	<u>3</u>		<u>Shulz Division</u>
For Ecology Use Date Received: <u>8-25-2006</u> Priority Date: <u>8-25-2006</u>								
SEPA: <u>Exempt</u> /Not Exempt FERC License # _____ Dept. Of Health # _____								
Date Accepted As Complete <u>9-26-2006</u> By <u>KAR</u> Date Returned _____ By _____ WRIA: <u>62</u>								

Appl. No.: S3-30521

Section 5. GENERAL WATER SYSTEM INFORMATION

A. Name of system, if named: _____

B. Briefly describe your proposed water system. (See instructions.)

5 HP electric pump with 100 gpm at 300' T.D.H.

*2½" transport trunk lines to house and irrigation system

*4-1¼" sprinkler lines (laterals) approx 40 sprinklers

*2-1" domestic supply lines off trunk lines

*100 gpm at 300' total distchard head (TDH) would provide 60+ PSI at domestic and sprinkler lines

C. Do you already have any water rights or claims associated with this property or system? ☐ YES ☒ NO
PROVIDE DOCUMENTATION.

Section 6. DOMESTIC / PUBLIC WATER SUPPLY SYSTEM INFORMATION (Completed for all domestic/public supply uses.)

A. Number of "connections" requested: 1 Type of connection 1 Home (Homes, Apartment, Recreational, etc.)

B. Are you within the area of an approved water system? ☐ YES ☒ NO
If yes, explain why you are unable to connect to the system. Note: Regional water systems are identified by your County Health Department.

Complete C. and D. only if the proposed water system will have fifteen or more connections.

C. Do you have a current water system plan approved by the Washington State Department of Health? ☐ YES ☐ NO
If yes, when was it approved? _____ Please attach the current approved version of your plan.

D. Do you have an approved conservation plan? ☐ YES ☐ NO
If yes, when was it approved? _____ Please attach the current approved version of your plan.

Section 7. IRRIGATION/AGRICULTURAL/FARM INFORMATION (Complete for all irrigation and agriculture uses.)

A. Total number of acres to be irrigated: 2.5

B. List total number of acres for other specified agricultural uses:

Use _____	Acres _____
Use _____	Acres _____
Use _____	Acres _____

C. Total number of acres to be covered by this application: 2.5

D. Family Farm Act (Initiative Measure Number 59, November 3, 1977, as amended by Chapter 237, Laws of 2001)
Add up the acreage in which you have a controlling interest, including only:

‡ Acreage irrigated under water rights acquired after December 8, 1977;

‡ Acreage proposed to be irrigated under this application;

‡ Acreage proposed to be irrigated under other pending application(s).

1. Is the combined acreage greater than 6000 acres? ☐ YES ☒ NO

2. Do you have a controlling interest in a Family Farm Development Permit? ☐ YES ☒ NO
If yes, enter permit no: _____

E. Farm uses: N/A
Stockwater - Total # of animals _____ Animal type _____ (If dairy cattle, see below)
Dairy - # Milking _____ # Non-milking _____

Section 8. WATER STORAGE

Will you be using a dam, dike, or other structure to retain or store water?

☐ YES ☒ NO

NOTE: If you will be storing 10 acre-feet or more of water and/or if the water depth will be 10 feet or more at the deepest point, and some portion of the storage will be above grade, you must also apply for a reservoir permit. You can get a reservoir permit application from the Department of Ecology.

Section 9. DRIVING DIRECTIONS

Provide detailed driving instructions to the project site.

- Hwy 2 to Newport across Pend Oreille River towards Priest River ID.
- Turn left after bridge across river on LeClerc Rd and drive north for 9 miles on LeClerc Rd.
- Turn left on Bear Paw Dr.

Section 10. REQUIRED MAP

- A. Attach a map of the project. (See instructions.)

Section 11. PROPERTY OWNERSHIP

- A. Does the applicant own the land on which the water will be used? ☒ YES ☐ NO
If no, explain the applicant's interest in the place of use and provide the name(s) and address(es) of the owner(s):

- B. Does the applicant own the land on which the water source is located? ☒ YES ☐ NO
If no, submit a copy of agreement:

I certify that the information above is true and accurate to the best of my knowledge. I understand that in order to process my application, I grant staff from the Department of Ecology access to the site for inspection and monitoring purposes. Even though I may have been assisted in the preparation of the above application by the employees of the Department of Ecology, all responsibility for the accuracy of the information rests with me.

RICHARD R. ARCHER
Applicant (or authorized representative)

8/24/06
Date

(SAME)
Landowner for place of use (if same as applicant, write "same")

8/24/06
Date

Use this page to continue your answers to any questions on the application. Please indicate section number before answer.

We are returning your application for the following reason(s):	
_____ Examination fee was not enclosed	APPLICANT PLEASE RETURN TO CASHIER, PO BOX 5128, LACEY, WA 98509-5128
_____ Section number(s) _____ is/are incomplete	APPLICANT PLEASE RETURN TO THE APPROPRIATE REGIONAL OFFICE
Explanation:	
Please provide the additional information requested above and return your application by _____ (date).	

Ecology staff _____ Date _____

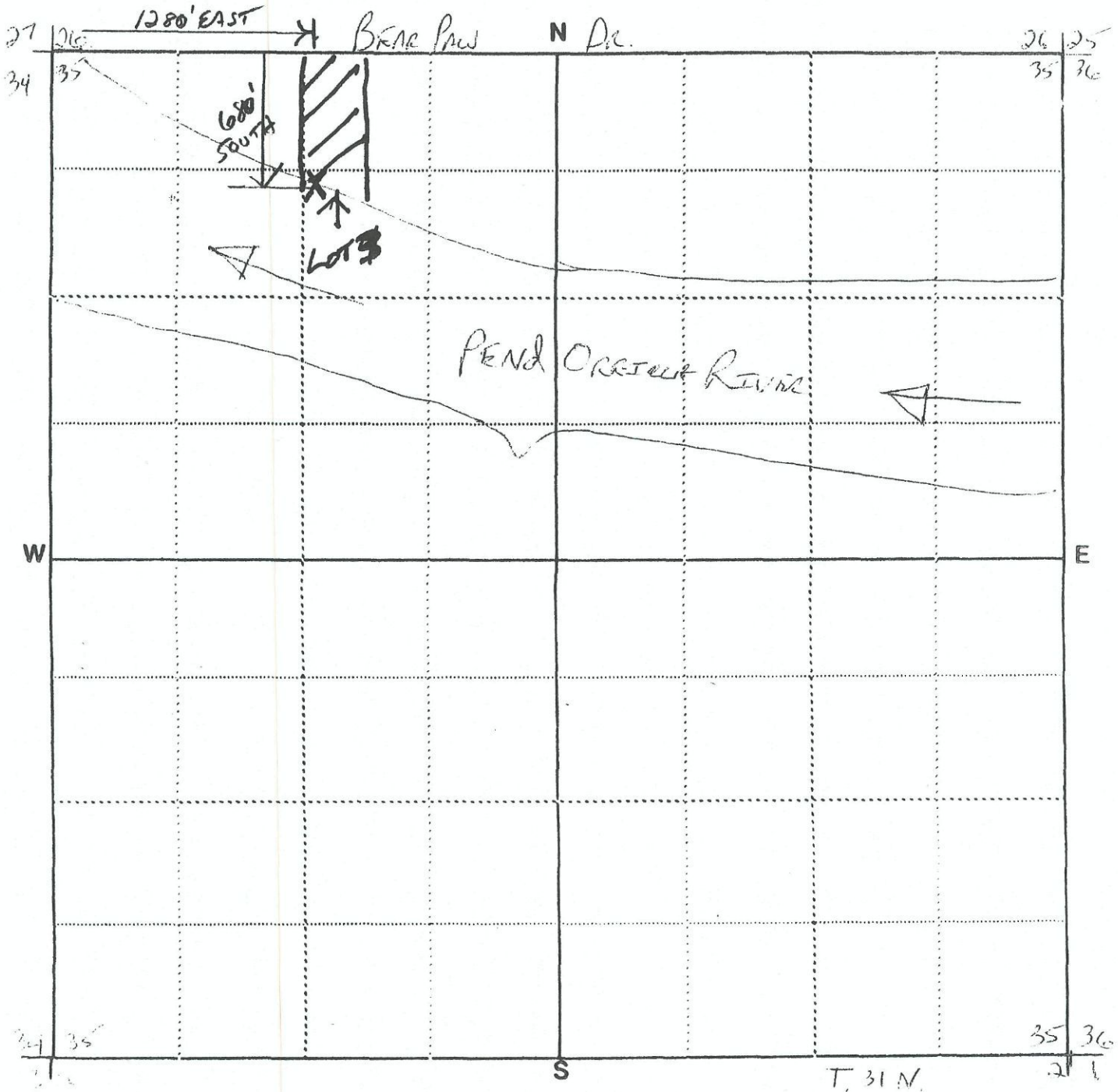
Ecology is an Equal Opportunity and Affirmative Action employer.

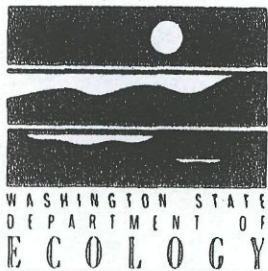
To receive this document in alternative format, contact the Water Resources Program at (360) 407-6604 (Voice) or (360) 407-6006 (TDD).

Applicant - Richard R. Archer Address: 501 GAR PAW DRIVE (LOT 3)
Newport, WA 99156

SECTION MAP

Sec. 35 Twp. 32N N. R. 44E, W. M.





APPLICATION FOR PERMIT

JUL 31 2006

TO APPROPRIATE PUBLIC WATERS OF THE STATE OF WASHINGTON

☒ SURFACE WATER☐ GROUND WATER

\$10.00 MINIMUM STATUTORY EXAMINATION FEE REQUIRED WITH APPLICATION

(GRAY BOXES FOR OFFICE USE ONLY)

CK#5463 \$10.00

APPLICATION NO.	W.R.I.A.	COUNTY	PRIORITY DATE	TIME	ACCEPTED
		PEND OREILLE			

APPLICANT'S NAME — PLEASE PRINT

RICHARD C. ARCHER & KIM L. ARCHER

Bus. Tel 518/242-8121 X10
Home Tel 518/340-4560
Cell 518/438-5120
Other Tel

ADDRESS (STREET) 801 BEAR PAW DRIVE (CITY) NEWPORT (STATE) WA (ZIP CODE) 99156

DATE & PLACE OF INCORPORATION IF APPLICANT IS A CORPORATION

1. SOURCE OF SUPPLY

IF SURFACE WATER

IF GROUND WATER

SOURCE (NAME OF STREAM, LAKE, SPRING, ETC.) (IF UNNAMED, SO STATE)

SOURCE (WELL, TUNNEL, INFILTRATION TRENCH, ETC)

TRIBUTARY

SIZE AND DEPTH

PEND OREILLE RIVER
COLUMBIA RIVER SYSTEM

2. USE

USE TO WHICH WATER IS TO BE APPLIED (DOMESTIC SUPPLY, IRRIGATION, MINING, MANUFACTURING, ETC.)

DOMESTIC AND IRRIGATION

ENTER QUANTITY OF WATER
REQUESTED USING UNITS OF:

CUBIC FEET PER SECOND (CFS)

OR

GALLONS PER MINUTE (GPM)

ACRE FEET PER YEAR

0.22

100

79

TIMES DURING YEAR WATER WILL BE REQUIRED

APRIL - OCT FOR IRRIGATION; JAN - DEC FOR DOMESTIC

IF IRRIGATION, NUMBER OF ACRES

2.5

IF DOMESTIC USE, NUMBER OF

UNITS BY TYPE, E.G. 1-HOME,

1-MOBILE HOME, 2-CAMPSITES, ETC

1 HOME

IF MUNICIPAL USE, ESTIMATED

POPULATION

20 YEARS FROM TODAY

DATE PROJECT WAS OR WILL BE STARTED

DATE PROJECT WAS OR WILL BE COMPLETED

UPON APPROVAL OF THIS APPLICATION

WITHIN 1 YEAR OF START DATE

3. LOCATION OF POINT OF DIVERSION/WITHDRAWAL

3A. IF IN PLATTED PROPERTY

LOT	BLOCK	OF (GIVE NAME OF PLAT OR ADDITION)	SECTION	TOWN	RANGE	ALSO, PLEASE ENCLOSE A COPY OF THE PLAT AND MARK THE POINT(S) OF WITHDRAWAL OR DIVERSION
3	-	SCHULZ DIVISION	35	32H	44E	

3B. IF NOT IN PLATTED PROPERTY

ON ACCOMPANYING SECTION MAPS, ACCURATELY MARK AND IDENTIFY EACH POINT OF DIVERSION, SHOW NORTH-SOUTH AND EAST-WEST DISTANCES FROM NEAREST SECTION CORNER OR PROPERTY CORNER

ALSO, ENTER BELOW THE DISTANCES FROM THE NEAREST SECTION OR PROPERTY CORNER TO THE DIVERSION OR WITHDRAWAL

LOCATED WITHIN (SMALLEST LEGAL SUBDIVISION)	SECTION	TOWNSHIP N	RANGE (E OR W) WM	COUNTY

4. DO YOU OWN THE LAND ON WHICH THIS SOURCE IS LOCATED IF NOT, INSERT NAME & ADDRESS OF OWNER

YES

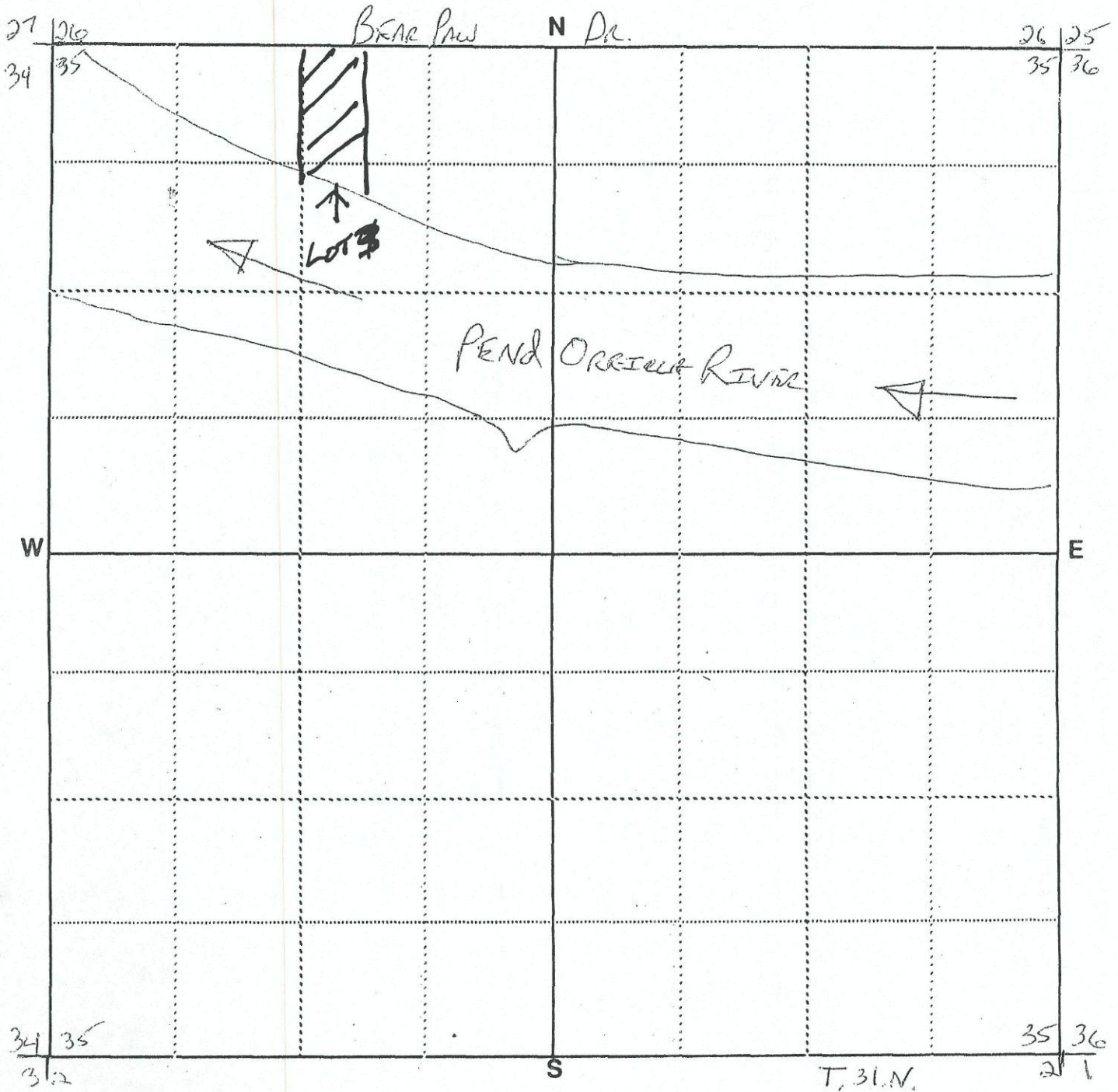
5. LEGAL DESCRIPTION OF PROPERTY ON WHICH WATER IS TO BE USED

ATTACH A COPY OF THE LEGAL DESCRIPTION OF THE PROPERTY (ON WHICH THE WATER WILL BE USED) TAKEN FROM A REAL ESTATE CONTRACT, PROPERTY DEED OR TITLE INSURANCE POLICY OR, COPY CAREFULLY IN THE SPACE BELOW

(SEE ATTACHED COPY OF DEED)

SECTION MAP

Sec. 35 Twp. 32N N. R. 44E, W.M.



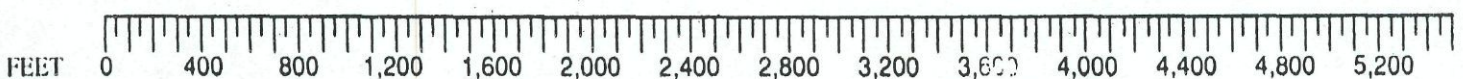
Scale: 1 inch = 800 feet (each small square = 10 acres)

Show by a cross (X) the location of point of diversion (surface water source) or point of withdrawal (ground water source). For ground water applications, show by a circle (O) the locations of other wells or works within a quarter of a mile.
Indicate traveling directions from nearest town in space below.

- Hwy 2 TO NEWPORT ACROSS PEND OREILLE RIVER
TOWARDS PRIEST RIVER ID.
- TURN LEFT AFTER BRIDGE ACROSS RIVER ON LECLERC
RD AND DRIVE NORTH FOR 9 MILES ON LECLERC RD
- TURN LEFT ON BEAR PAW DR.

Detach here

Fold along scale



Detach this scale at the performance, fold excess paper under or cut off excess by cutting along the scale line. This scale corresponds to the SECTION MAP above. You can read feet directly from this scale to outline property and locate points of diversion or withdrawal on the SECTION MAP. Enclose this map along with the application and \$10.00 examination fee.

WHAT IS YOUR INTEREST IN THE PROPERTY ON WHICH THE WATER IS TO BE USED (PROPERTY OWNER, LESSEE, CONTRACT PURCHASER, ETC.)

OWNER

ARE THERE ANY EXISTING WATER RIGHTS RELATED TO THE LAND ON WHICH THE WATER IS TO BE USED (INCLUDING WATER PROVIDED BY IRRIGATION DISTRICTS OR DITCH COMPANIES.)

☐ YES

☒ NO

IF YES, FROM WHAT SOURCE (i.e. SURFACE OR GROUND WATER) AND UNDER WHAT AUTHORITY

6. DESCRIPTION OF SYSTEM PROPOSED OR INSTALLED

(FOR EXAMPLE: SIZE OF PUMP, CAPACITY OF PUMP, PUMP MOTOR HORSE POWER, PIPE DIAMETER, NUMBER OF SPRINKLERS, ETC.)

- * 5 HP ELECTRIC PUMP WITH 100 GPM AT 300' T.D.H. *
- * 2 1/2" TRANSPORT TRUNK LINES TO HOUSE AND IRRIGATION SYSTEM
- * 4- 1 1/4" SPRINKLER LINES ^(LATHELS) ~~OFF TRUNK LINE~~, APPROX 40 SPRINKLERS
- * 2-1" DOMESTIC SUPPLY LINES OFF TRUNK LINE

REMARKS

7. * 100 GPM AT 300' TOTAL DISCHARGE HEAD (TDH) WOULD PROVIDE 60+ PSI AT DOMESTIC AND SPRINKLER LINES

8. COMPLETE THIS SECTION ONLY IF THIS APPLICATION INCLUDES IRRIGATION AS A USE

IN ORDER TO IMPLEMENT THE PROVISIONS OF INITIATIVE MEASURE NUMBER 59, THE FAMILY FARM WATER ACT WHICH WAS PASSED BY THE VOTERS ON NOVEMBER 3, 1977, WE MUST ASK THE FOLLOWING QUESTIONS:

DOES THE TOTAL NUMBER OF ACRES IN WHICH YOU HAVE CONTROLLING INTEREST IN THE STATE OF WASHINGTON EXCEED 2000 ACRES FOR THE FOLLOWING THREE CATEGORIES:

1. LANDS THAT ARE BEING IRRIGATED UNDER WATER RIGHTS ACQUIRED AFTER DECEMBER 8, 1977.
2. LANDS THAT MAY BE IRRIGATED UNDER APPLICATIONS NOW ON FILE WITH THE DEPARTMENT OF ECOLOGY.
3. LANDS THAT MAY BE IRRIGATED UNDER THIS APPLICATION.

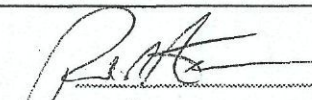
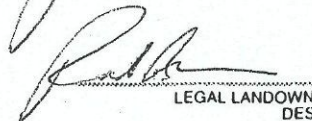
YES ☐
YES ☐
YES ☐

NO ☒
NO ☒
NO ☒

IF 10 ACRE-FEET OR MORE OF WATER IS TO BE STORED AND/OR IF THE WATER DEPTH WILL BE 10 FEET OR MORE AT THE DEEPEST POINT, A STORAGE PERMIT MUST BE FILED IN ADDITION TO THIS PERMIT. THESE FORMS CAN BE SECURED, TOGETHER WITH INSTRUCTIONS, FROM THE DEPARTMENT OF ECOLOGY.

SIGNATURES

Richard R. / Kim L. Arcener
LEGAL LANDOWNERS NAME
(PLEASE PRINT)



LEGAL LANDOWNER'S SIGNATURE (OWNER OF PROPERTY DESCRIBED IN ITEM NUMBER 5)

APPLICANT'S SIGNATURE

801 BEAR PAWS DRIVE NEWPORT WA 99156
LEGAL LANDOWNER'S ADDRESS

FOR OFFICE USE ONLY

STATE OF WASHINGTON

DEPARATMENT OF ECOLOGY

SS.

This is to certify that I have examined this application together with the accompanying maps and data, and am returning it for correction or completion as follows: proper associated fee

* See letter

In order to retain its priority date, this application must be returned to the Department of Ecology, with corrections, on or before _____, 19____.

Witness my hand this 8th day of August, 2006


Department of Ecology